

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

20 590155

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		6				
5		6				
6		6				
7		6				
8		6				
9		6				
10		0				
11	1					
12		1				
13		2				
14		6				
15		6				
16		6				
17	1					
18		1				
19	1					
20		1				
21		2				
22		6				
23		6				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						